## FOR CHILD OR ADOLESCENT UNIT OF STATE FACILITIES MHA Facility 2<sup>ND</sup> PHYSICIAN'S OR PSYCHOLOGIST'S ENDORSEMENT

| I have examined   | , and I find that:  |
|---|---|
| 1. The individual has a mental disorder;  | <del></del>   |
| 2. The mental disorder is susceptible to care or  |   |
| 3. The applicant understands the nature of the  | <del>-</del>  |
| ☐ I certify that I am duly licensed to practice medicine  |   |
| Occupations Article, Title 14, Annotated Code of 1  | - · ·   |
| ☐ I am a psychologist licensed under the Health Occup   | · · · · · · · · · · · · · · · · · · ·   |
| Maryland, and listed in the National Register of Hea  | Ith Service Providers in Psychology.  |
|   |   |
| Printed Name of Physician or Psychologist   | Signature of Physician or Psychologist  |
| , , ,   | , , ,   |
| Address   | Date  |
| MONIO CI  | ass of  |
| Telephone Number  | 80  |
| relephone Number  | 1/2   |
| HEALTH-GENER  | AL ARTICLE  |
| §10-610. Application by parent or guardian.   |   |
| (a) Applicant On behalf of a minor, a parent of   | or guardian of the person of the minor may apply,   |
| under this  |   |
| section, for admission of the minor to:   |   |
| (1) Any facility that is not a State facility   | <i>y</i> ; or   |
| (2) The following State facilities:   |   |
| (i) A regional institute for childr   |   |
| (ii) The child or adolescent unit of  | TOTAL TOTAL CONTRACTOR OF THE |
| (b) Application. – The applicant shall submit a form  |   |
| information and is on the form required by the  |   |
| (c) Admission limitations. — A facility may not adm   |   |
| (1) The individual has a mental disorder;   |   |
| <ul> <li>(2) The mental disorder is susceptible to</li> <li>(3) The applicant understands the nature</li> </ul> |   |
| <ul><li>(3) The applicant understands the nature</li><li>(4) Assent to the admission has been given</li></ul>   |   |
| (i) By the admission has been give  |   |
|   | of a State facility, by a physician and psychologist or   |
| by 2 physicians.  | of a State facility, by a physician and psychologist of   |
|   | ection to a child or adolescent unit of a State facility  |
| may   | conon to a cima or autorescent unit or a state racine,  |
| not exceed 20 days. (An. Code 1957, Art. 5  | 9, § 11; 1982, ch. 21, § 2.)  |
| \$10.907 Voluntary admissions   |   |
| §10-803. Voluntary admissions.  (a) <i>Informal request.</i> — An individual who is admitt                      | ed voluntarily to a facility, on an informal request  |
| may leave the facility at any time between 9 a.m. and 4 p.n   |   |
| been changed to an involuntary admission.   | m, amos the damission states of the marriada has  |

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| application, may not be held fro more than 3 days after the individual asks for release, unless the admission status of the individual has been changed to an involuntary admission.  |  |
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| (c) Same – Minors. – A minor who has been admitted voluntarily, on the application of a parent or guardian of the minor, may not be held for more than 3 days after the applicant for the admission asks for release, unless the admission status of the minor has been changed to an involuntary admission. (An. Code 1957, art. 59, § 11; 1982, ch. 21, § 2; 1991, ch. 31.) |  |
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